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DISSECTION VIEWED WITH REFERENCE TO THE RESURRECTION.

"Si trapassamo per sozzo mistura  
Dell' ombre e della proggia, à passi lenti,  
Toccando un poco la vita futura."

DANTE, *Inf. Cant. 6.*

A SURVEY of the world in its present condition displays a strange anomaly of tyranny and freedom, of ancient prejudice and novel wisdom. Men have not yet learned to despise the panoply of political governments; and myriads are still ready to delight in the moving miseries, the useless cunning of military tactics. War, with its disastrous consequences, is still the glory of mankind; and a multitude of particular evils is merged and forgotten in the cruel splendor of a day of slaughter. Life may still be sacrificed with impunity at the caprice of a single man; and a king may hear of an army lost, and coldly confer the haughty favor of saying that his faithful subjects do their duty. But in every nation there are now arising men who profess the ways of peace, and acquire and diffuse, with active benevolence, the simple truths of science. The discovery and application of a solitary fact, conducive to human safety and human happiness, is a crown more lasting than that of diadems; and the miner who is enabled to explore, with personal security, the perilous passage of his dungeon, is enlightened and protected by the efforts of a genius cultivated in the daylight of peace. Astronomy instructs us to contemplate the particles of a universe; botany traces along the heather, glade, and brake, the varied pencil of a present Deity; and anatomy develops the organs of life, and assists us in alleviating the multifarious afflictions of a world. Nevertheless, the same nation that would readily supply a thousand men with arms for slaying, slowly concedes the utility of anatomical dissection, and superstitiously conceals the remains of those very bodies whom it delights to immolate in the wanton exultation of conquest. The soldier is exalted for his prowess,—the anatomist is favored for his knowledge; but still the noisome carnage of a field of battle is deemed more admirable than the arteries of a limb beautifully displayed by the knife of the careful dissector.

Death is more interesting than life. In the darkness of the grave we are taught to behold the brightness of futurity; and in the passive structure of the corpse, we are led to discover the active mechanism of life in all its functions. The knowledge of anatomy is the knowledge of

nature, as demonstrable in the noblest work of the Creator, and as applicable to the noblest of his attributes—peace and good-will. In exploring the dead body, the anatomist is in the pursuit of truth, and is perpetually endeavoring to ascend from death to life, from the mere organism of matter to the laws which govern matter itself when alive. In pursuing these delightful speculations of intellect and reason, his labor is not vain ; he is learning to meet the casualties of life, to adjust the fractures of a limb, and to fortify the blessings of health. From the filthiness of death, he learns the excellence of life ; he unfolds the nice inter-dependence of different organs ; he traces throughout every part the slender rudiments of minute anatomy.

Such and so fair is the study of death, when we have once been admitted between the veil, and behold within the sanctuary the inmost fashion of the temple. But the temple stands in the obscurity of vulgar superstition.

The full blaze of christianity has not yet dispelled the mists that still linger over the last term of human existence. The resurrection of the dead is the source of error ; and the populace, ever more eager to preserve their latest remains against that awful moment, forget that the frailty of earth is not the perfection of heaven. The spoliation of disease and the decrepitude of age, the imbecility of infancy and the precarious virility of manhood, afford but feeble notions of a glorious and eternal vitality. Happiness could not be complete in a body perpetually liable to dissolution ; virtue could never be accomplished in a being whose passions are always opposing his reason. Eternity itself would be scarcely worthy of acceptance on the terms of mortality ; and the fleeting particles of matter, which are incessantly conforming and renewing our corporeal fabrics, at once reduce to an absurdity the notion of their eternal subsistence. Impossibilities can never be true. In reasoning upon this subject, human intellect is at fault ; and we are compelled to submit implicitly to the words of revelation, while learning the final destination of our bodies. Scripture has not left us doubtful in this “land of darkness and the shadow of death :” it has pierced beyond the grave ; it has unfolded the gates of that dread abyss ; it has suffered the light of heaven to gleam in grateful splendor on the world. We are assured, that our present bodies of flesh and blood form not a part of eternity ; that the body that is sown is not that body that shall be, and that our individual identity shall develop itself in a state of novel independence. A grain of wheat is the appropriate emblem of this subject : it is sown in coldness and moisture, its blade ascends, and its ear ripens into the color of gold under the opening aspect of the skies. We shall, indeed, possess substantiality, a visibility, and sensual perceptivity, but it shall be remote from terrestrial enjoyments, and above the conditions of matter. Nor shall the putrefaction of the corpse prevent this wonderful metamorphosis ; for when time shall have an end, the mountain and the sea, the costly mausoleum and the dingy vault, shall alike divulge their morsels of corruption in the clothing of immortality. “And I set me down in the midst of the valley which is full of bones, and they were very dry ; and there was a noise and a shaking, and the bones came together, bone to his bone : and the sinews and the flesh came upon them, and the skin

covered them above, and the breath came into them, and they lived and stood up an exceeding great army." The same event shall happen unto all men : to the savage who has been devoured by his fellows, and to the monarch who has been entombed in all the pomp of regal magnificence. The rite of sepulture will not confer the right of resurrection ; nor will the artificial preservation of the corpse (and the mummy even has a limited duration) make its security greater in heaven. The rite of burial is profitable only to social decency ; for if it be indispensably necessary to salvation, what is the lot of those who have died unavoidably without it ?—of Mungo Park, who perished in the wilds of Africa—of Cook, the navigator, whose bones have whitened on a foreign shore ?

What then shall we say for the corpse ? Shall not the anatomist dissect the body which must needs of itself melt into putrescence ? can he profit the living by neglecting to learn from the dead ? does he prevent the resurrection of a world by learning the nature of its dead before the whole is dissolved ? Nay, but anatomy is good, because it is humane ; and it is as worthy of the thoughts of ministers and the eyes of princes, as all the obscurity of politics and the captivating glitter of arms. The dead rise ; and the knife of the anatomist, while unlacing the body for the good of mankind, can *not* nullify the eternal fiat of the Creator.

These observations have been made, because it is vulgarly supposed that dissection is a sacrilege on popular worship. Dissection from mere wantonness is impiety ; dissection for knowledge is wisdom. If we are wise, we shall revere our intellects, and not our bodies ; we shall use, and not abuse, our limbs and animal functions while yet they are ours in life ; and, resting in hope, we shall have no fear concerning our deaths, whether our bodies become the dust of the grave, the food of maggots, or the subject of the anatomists ; or whether, by any chance medley in human affairs, they be lost and wasted in the waters of the ocean.

*Medical Gazette.*

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#### ON THE BEST METHOD OF PRACTISING PERCUSSION.

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THE following methods of percussing the chest are at present in use :—

1st. By striking the chest with the ends of the fingers. This is objectionable, on account of the pain inflicted by it in pleurisy and other similar affections, in which percussion is most likely to be tried. In the case of females also it cannot be expected that it would be permitted ; and although in hospitals, and in the instance of some private individuals, no obstruction may be offered, yet the method not being of universal application, it may be wanting at the crisis when the practitioner is in the utmost need of it.

2d. By percussing with the ends of the fingers of one hand on a finger of the other hand laid on the chest, in order to receive the blow. Undoubtedly by this the patient is saved from being hurt, but, in consequence of the difference of action between the right and left hand, it is hard to percuss a patient placed in a bed, without changing the angle at which the fingers strike, so much as to obscure very considerably the sound of fulness or emptiness, upon which our judgment of the case is to be formed.

3d. By percussing with the fingers on an ivory plate, as recommended by M. Piorry.

4th. By percussing with the fingers on a piece of Indian rubber. Both of these methods are objectionable, on account of the different angles at which the fingers of the operator strike, and the different sound thence produced; but chiefly on account of the superficial sound produced by the stroke on those substances, and which is so loud as to obscure the sound of fulness or emptiness—the great desideratum to be attained.

The method of percussion adopted by Dr. Osborne, of Sir Patrick Dun's, although very simple, yet has been the result of many trials, made under the conviction that the methods now mentioned are all of them attended with uncertainty and difficulty to the young practitioner. He uses two pieces of sole leather of a circular form, and about an inch and a half in diameter, and percusses with the edge of one, perpendicularly, on the surface of the other. The accuracy with which these render the sound of fulness or emptiness is quite remarkable, and appears to be owing to the leather and integuments of the body having nearly the same density, and consequently rendering the same vibrations. The leather must be of a porous texture; for if it has been hammered, the superficial sound takes place which is so objectionable in the ivory and Indian rubber. To strike with the edge of another circular piece is advantageous, both on account of the ease with which the stroke is made at the same angle, and also because the superficial sound is thus reduced to the least possible, inasmuch as the periphery of a circle can touch a right line only in a point. It is necessary, however, to observe, both with respect to this and any other means of *mediate* percussion, that it must never be performed till the substance to be percussed has been placed in the closest possible contact with the patient's skin. If this has not been done, then hollow sounds will be communicated from the intervening space, and the true sound of the interior will not be obtained.

*Ibid.*

#### INCONTINENCE OF URINE.

*Of the Incontinence of Urine.* From MR. CHARLES BELL's Treatise on the Diseases of the Urethra.

Is it beneath the dignity of the subject to inquire why children pass urine in bed? Many a little urchin might be spared his flogging if the very simple cure was known. I remember to have seen a child brought into the hospital, where a cord tied round the penis, to spare the jade who attended him the trouble of raising the child from bed, had cut through the urethra. Boys have been made miserable, during what should be the happiest period of life, from this circumstance alone. I have known a man of twenty, kept from a public education owing to the same cause. And very lately a young gentleman confessed, that when visiting neighboring families in the country, he was under the necessity of sitting up all night, lest he should disgrace himself by passing urine in bed. If all this will not prove the importance of the matter, I can add a case more

professional and grave :—I have known a young man suffer a long and painful attendance on a surgeon, going through a course of medicine, with the use of bougies to remove this complaint, which he might have got rid of, as I shall show, by turning himself round. This occurrence never takes place, but when the boy is asleep upon his back ; and the cure is a simple one : he is to accustom himself to sleep upon his face or side ; the urine is not passed, nor is he excited to dream of making urine while he keeps this position.

The circumstance is unaccountable, until we reflect on the position of this master spring of the muscles of the bladder—the sensible spot a little behind and below the orifice of the bladder. When a person lies upon his belly, the urine gravitates towards the fundus ; but when he lies on his back, it presses upon this sensible spot, and distends that part of the bladder which is towards the rectum. If, when the bladder is full, we press upon the lower part of the belly, we feel very distinctly that the pain excited is in this spot near the orifice of the bladder. If, in a morning when inclined to sleep, we are sensible of a similar pain, and a desire to make urine, by a change of posture, turning so as to lie on the belly, the sensation, and the necessity of rising, are removed. When a child wets the bed, it is in consequence of a dream, excited by the irritation of this sensible spot of the bladder, by the urine resting there, and stretching the bladder ; it is cruel to chastise the child ; and raising it frequently to make water does not mend the matter. But if the child be made to lie on the belly, or inclining to that position, with the cheek upon the pillow, the habit will be broken.

Boys are subject to a more serious incontinence, troubling them night and day, attended with inflammation and pain, and all the symptoms of stone in the bladder.

Stillicidium urinæ from want of action in the sphincter muscles, is generally owing to the same cause, an increased sensibility of this spot of the bladder.

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#### ON DISEASES OF CHILDREN.

*On the most important Points to which the Practitioner's Attention should be directed, while investigating the Diseases of Infancy and Childhood.*

It is unquestionable that the diseases of infants and young children are by no means so well understood generally as those of adults ; and this statement cannot excite surprise when it is remembered that medical men have been intrusted with their treatment during little more than half a century, previous to which period, old nurses and widows were almost universally considered the best advisers in the various ailments of early childhood. Ridiculous, however, as must appear, in this enlightened age, the general and implicit reliance of former times upon the curative resources of the authorities just alluded to, it has unfortunately tended, by depriving practitioners of the opportunities necessary for studying infantile diseases, very materially to retard the progress of this most important branch of the healing art ; it being only since the comparatively recent transfer of parental confidence from the ignorant to the educated,

that the latter have seriously directed their attention to the disorders of children, or have any valuable works appeared upon the subject ; nor can these (a few excepted) bear comparison with the many sterling productions which have adorned the literature of general medicine.

Ability in distinguishing the morbid affections of infants can only be acquired, first, by the attentive study of infantile semeiology, and afterwards by clinical observation and experience ; for, although there is no real mystery hanging over them, as was anciently supposed, yet it is undeniable that they are difficult to be recognized with precision, unless the observer has enjoyed considerable experience himself, or frequent opportunities of witnessing the practice of others. The ordinary modes of detecting disease are here often inadmissible : reliance can alone be placed upon that accuracy of observation which enables the experienced physician at a glance to notice and interpret certain peculiarities of countenance, gesture, &c. ; from these deriving his only information as to the condition of his patient, since infants cannot indicate by words the seat or nature of their ailments. If, as Dr. Buchan well observes with respect to the recognition of disease in general, it is necessary to acquire the *tactus eruditus*, the *visus eruditus*, and the *auditus eruditus*, how indispensable must the possession of these qualities be to those who undertake the treatment of infantile diseases !

It is deeply to be regretted that there are no sufficient opportunities for acquiring clinical instruction in these maladies : great hospitals, it is well known, do not usually admit infants within their walls ; and the number that are brought to general dispensaries bear but a very small proportion to the total amount of patients admitted.

Formerly, the *impossibility* of understanding the diseases of early life was gravely asserted ; while of late years an opinion, equally erroneous, and almost as dangerous, has been held by some authors, who would have us believe that there is *no difficulty whatever* in recognising them ; because, they say, " children speak a much more intelligible language by their actions, than adults do by their words." But, even admitting for a moment the truth of this doctrine, its supporters have, unfortunately for the success of their argument, forgotten, that however expressive any language may be, the study of that language is absolutely necessary before it can be understood. All persons whose eyesight is unimpaired can see the letters of which an alphabet is composed, or the words contained in a book, yet they cannot comprehend the import of either until it has been explained by those competent to the task ; or, in other words, until they have learned to read. So is it with respect to the diseases of infants : their actions, gestures, cries, &c., are open to the observation of every one ; yet many of these will pass unnoticed, and all will be liable to be misappreciated or misunderstood, unless the attention has been previously directed to the subject, and their nature learned either by close observation, or being explained by others. This preliminary knowledge being attained, the observer (whoever he may be) is prepared to watch for the occurrence of even the most obscurely marked symptoms ; to recognise them when present, and to understand their import ; or, to resume the metaphor, he will be acquainted with *the morbid language of children*. If such be the difficulties attendant upon the detection of infantile diseases,

it will readily be believed that parents and others often fail to notice their commencement ; indeed, it is a fact, as unquestionable as it is lamentable, that from this cause the physician is very frequently summoned only to witness suffering beyond relief, and to detect irremediable disorganization of structure. That fatal malady, hydrocephalus, or water on the brain, as it is popularly termed, may be aptly adduced in illustration of this position, which disease being, at its commencement, of an insidious character, frequently creeps on unperceived until its most dangerous symptoms suddenly develop themselves. Medical advice is then sought, but too often proves unavailing, because the period which alone admitted of active treatment has been allowed to pass by unemployed ; and thus it is that the disease in question is regarded by many, even of the profession, as *incurable* ; whereas there can be no doubt, that at its commencement, when not dependent upon hereditary causes, it is, if properly treated, remediable in a majority of instances, and even in its most advanced stage some of the unfortunate children, who are the subjects of it, may still be restored to health by appropriate remedies perseveringly applied. But to return. Deplorable as are the circumstances to which reference has been made, it is still consolatory to know that they might be avoided, if the more prominent symptoms of disease in infants and children were more generally understood : not that it is for a moment to be supposed, that parents and others, by being familiar with them, would be qualified to take upon themselves the duties of the physician, but they would in consequence be alive to the first deviations from health in their offspring, or in those committed to their care,—would be aware when danger threatened, and thus be warned in *time* to avail themselves of the experience of their medical attendant.

The term “symptom” is employed in medical language to express some deviation from the natural state or appearance of the human body, which deviation is an indication of disease. A symptom is, therefore, an indication of disease, by which its presence is recognised in the system.

The arranging and art of detecting symptoms has been termed semeiology,\* or symptomatology,† which may be divided into adult and infantile ; the latter treating solely of the symptoms occurring during infancy and childhood, the former comprehending such as are observed from the age of puberty until the latest period of life.

Disease, in infants and young children, is to be detected by an attentive consideration of their general appearance ; by their color and temperature ; by the position in which they place themselves, and by their cries and gestures ; by a minute examination of the individual parts of their bodies, and by a consideration of any peculiar conformations which may be found ; by ascertaining the existence or absence of pain ; by an examination into the state of the various functions, and of the condition of the different secretions and excretions.

Information upon all or most of these points can be procured by the personal observation of the medical attendant ; but there are other colla-

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\* From two Greek words, signifying a sign and a discourse.

† From two Greek words signifying a symptom and a discourse.



teral circumstances often requisite to be known, in order to determine his judgment, which can only be learned from others. Inquiries must, therefore, be made as to the age of the patient, the time which may have elapsed since the accession of illness, and the symptoms which then presented themselves. Information must also be sought, from which it may be determined whether the disease be dependent upon hereditary causes, and whether it had previously occurred to the patient.

*London Gazette of Health.*

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#### THE USE OF THE TREPHINE IN EPILEPSY.

THE following interesting case was furnished the Transylvania Journal of Medicine by Professor Dudley, being the sixth of the sort which has occurred in his hands. The other five cases were related in his paper on "Injuries of the Head," published in the first number of that Journal. The success of this practice establishes two important principles in Surgery;—1st. That the brain will bear severe mechanical irritation for a great length of time, without fatal disorganization; and 2d. That the use of the trephine under such circumstances may restore the organ to its former healthy condition. The cases of Mr. Cline, first published, we believe, in the paper just referred to, bear only a slight resemblance to those of Prof. D., and are not meant by him, or by Sir Astley Cooper, who has since noticed them, to establish these principles so valuable in practice.

Mr. — received a gun-shot wound on the head in the month of March, 1832. On examination next day, his physician took from the wound a number of small bones, when, by reason of an injury done the dura mater, some brain escaped. So soon as the bones with the disorganized brain were removed, he was dressed, and at the expiration of two months he was thought to be well. The patient states, however, that a slight discharge continued to issue from the wound, and after some months epileptic convulsions, with a great derangement of the general health, ensued. It was then discovered, on examination, that the matter issued from the surface of the brain, and that the cranium appeared to be diseased. Under these circumstances he came to Lexington for assistance, his friend having furnished the preceding narrative.

On his arrival here his general aspect was that of an individual, who had suffered greatly from derangement of the cerebral and chylopoietic functions. A cicatrix of two and a half inches in length, on the central and posterior portion of the right parietal bone, pointed out the original injury.

On two points of the cicatrix were discovered small sinuous orifices, from whence was discharged an unhealthy pus. By the aid of a common probe diseased bone was detected.

The trephine was applied in the direction, and on one side of the original fracture. So soon as the segment of bone was removed by the trephine, isolated portions of bone were discovered beneath the dura mater, in a cavity of some dimensions occasioned by the absorption of the brain. Three of these, amounting in size to the thumb and finger



nails, were removed, together with a morbid growth from the surface of the wounded dura mater. Simple dressings were then applied, and renewed occasionally for the week, when the patient was discharged, free from all embarrassment, both in the corporeal and intellectual functions.

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Communicated for the Boston Medical and Surgical Journal.

#### SCARLATINA.

MR. EDITOR,—At the present period, when the public mind appears to be so much excited upon the spread of Epidemic Diseases, perhaps a few remarks from this northern region may not be unacceptable. In this place, and I believe throughout our country, the past winter has seldom or never had a parallel for severity and duration. On the 25th of November last, I was able to pursue my usual round of professional business in my sleigh—and on the 3d of April, for the first time, I laid it by. During the more than four intermediate months the sleighing was good: a similar occurrence is not remembered by our oldest inhabitants.

During the early part of the winter, Pleuritis, Pneumonia and Influenza were very prevalent. Scarcely a house in town but one or more of its inmates were, during the period, forced to seek the advice of a Physician. Numerous cases terminated fatally, and many received a shock from which they can never recover. In the early part of February, the disease mentioned at the head of this article, first made its appearance within the circuit of my ride, and for the first time came under my observation. News from abroad had before reached this place of the prevalence of the disease, and the fatal havoc it was making with the lives of children. All were therefore dreading its approach, and anxiously watching the least symptom of its appearance, fully believing it fated to blast their fondest hopes,—the sure harbinger of death to some at least of those they held most dear in life.

A young child about 7 years of age was first attacked. She had attended school during the day, as usual, and on her return at night first entered her complaint of ill health. I was summoned in haste, and found my little patient on the bed, enveloped in warm blankets and drinking freely of a strong infusion of *red pepper* and vinegar, as hot as it could be taken. (This, it may be well to mention, *was* and *still is* a very popular remedy for this disease; and often strongly and strangely persisted in, even by medical men themselves.) I immediately removed some of her super-incumbent burden, and ordered a suspension of Thompsonian quackery. The little sufferer complained of pain in the head—a soreness of the throat, and stiffness of the tongue. Her pulse beat about 140 in the minute, and rather feeble; her skin was hot and dry, and she had constant inclination to vomit. I took from the arm about  $\frac{3}{4}$  xii. of blood; her pulse diminished about one third in frequency, and rose proportionably in strength. I then gave about 5 grs. of Calomel and 10 of Ipecac. She puked three or four times, and sunk into a quiet sleep. I then left her, with directions to give a little infusion of Senna and Manna if no stools within two hours;—after a free evacuation of the bowels, this to be followed by about 5 grs. of Pulv. Ipecac. Comp. Early the following

morning I again visited my patient, and found her free from pain—a slight soreness of the throat remained—several livid spots upon the fauces and tonsils, and the surface of her body completely covered with a scarlet efflorescence. Continue the use of Pulv. Ip. Comp. and Pulv. Ant. : obtain a full and free evacuation from the bowels daily :—use infusion of Sago, Balm, &c. sweetened with honey, for drink and as a gargle. In about ten days I had the pleasure of seeing this patient *well*. Since that time I have had about 50 cases of the same complaint, and I have at this time 12 or 14 under my immediate care. In *every* instance I have pursued nearly the same plan of treatment, varying only in reference to the age, sex and constitution of my patients, and I have lost but *one* of the number. In the instance that proved fatal, I was not applied to until the 3d day of the disease ; the child was about five years old, unusually fleshy, and had been highly stimulated with Cayenne, *warm sling*, &c. before I saw it. I have in no case seen fit to employ or recommend *stimulants*, though in many instances I have been solicited to on account of the great *apparent* debility.

Whether the success which has attended the means I have employed, has been owing to a correct opinion of the complaint, or to the mildness of the disease, I am unable to say ; I only state facts to elicit remarks from more able pens.

Is Scarlatina contagious ? Such is the prevalent opinion in this region among Physicians and others, but I have seen no reason for such belief. Or is it not dependent upon the state of the atmosphere, and, like Influenza, likely to subside when the air shall become warm and dry.\*

Yours, E. LEFFINGWELL.

Thetford, Vt. April 27th, 1832.

Communicated for the Boston Medical and Surgical Journal.

#### CONTAGION—THE PROPRIETY OF A POPULAR DISTINCTION QUESTIONED.

MR. EDITOR,—Can you or any of your correspondents inform me on what ground some physicians set up a distinction between diseases contagious by persons, and those contagious by merchandise. In the multiplied discussions with which our brethren in the four quarters of the globe have furnished us of late, respecting the old *black death*, or as it is now called the *Spasmodic Cholera*, I have noticed this distinction assumed by one side, and not questioned by the other. To me this is inexplicable, though perhaps the brighter lights of modern pathology have discovered it to the intellects of younger men. Where is the instance, among diseases long known to be communicable by contagion, of one which may be taken from the body of the sick, and is yet incapable of being excited by the clothing in which the patient is wrapt ? The Small-pox, the prince of contagious diseases, the mirror in which all the great and fixed laws of contagion may be seen most clearly, is not only taken at the bed-side, but communicated through time and space almost un-

\* The Scarlet Fever was particularly rife in Boston, during the heats of the last summer.—Ed.

limited, by the articles with which the sick man was surrounded, and which imbibed not the virus from his pock, but the atmosphere of his chamber. Still further, not only the smallpox, but the measles, and all universally acknowledged diseases of this character, may be carried from family to family in the clothing of the physician in attendance. If long exposed to fresh air, the diseased atmosphere, or in other words the contagion contained in these cloths, would be either so diluted or so far supplanted by another, as to render them incapable of inducing disease in the unprotected. But let the physician remain an hour closely with a variolous or rubeolous patient, and then let his coat be boxed up tight and sent to a distant shore, and there opened, and no doubt can remain what will be the consequence. How much more certainly would the body-linen of the patients themselves convey the miasm, in this way, to a distant part of the same or another country. These cloths are, in fact, merchandise. They may be torn into rags, and so converted into actual goods for exportation.

The more I indulge in these reflections, Mr. Editor, the more I am induced to think that a disease that may be communicated by a sick man to his medical attendant, his nurse, or friend, by means of an atmosphere generated by his person, may also be carried in clothing (*i. e.* merchandise) to an individual at a distance; and I doubt if there is an example or can be one, in the whole history of medicine, that justifies the distinction between contagion from person to person, and contagion through merchandise. There is no disease, I believe, which is communicable in the one way, that is not also in the other.

Respectfully, Yours,

N. H. April 16th, 1832.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 9, 1832.

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### SPOTTED FEVER AT NEW LONDON.

WE noticed last week that a malignant asthenia, commonly denominated spotted fever, or typhus syncopalis, had made its appearance in New London, Connecticut. The New London Gazette of April 25th states, that "there may have been as many as eighty or a hundred cases, in all grades of the complaint. There is no pretence that more than eight persons have died of the epidemic, and seven of these were decidedly broken down constitutions, either from great age or other causes." The veteran practitioner, Dr. North, who resides in that city, appears personally to have given a tone to the treatment, and his Treatise on Spotted Fever, and Dr. Miner's Essay on Typhus Syncopalis, are, we understand, the principal guides in the practice, which has been adopted with great success. The following extract from a letter dated New London, Connecticut, April 25, 1832, comprises the principal information which has been received.

"I have seen, either as attending or consulting physician, a large proportion of the cases. The sweating process, by means of billets of wood, heated bricks quenched in water, and bottles of hot water, has been universally adopted, in all serious cases, at the attack. Solid opium, Fowler's solution, tinct. opii., hot diluted alcohol in some form, essential oils, warm herb teas, &c., have been the internal medicines. The sweating process operates like a charm, upon all our patients. They convalesce in two or three, or in six or eight days, at the most. Not a single person has been bled, although in some cases there has been a *quasi* pleurisy, and in others a *quasi* inflammation of the bowels, like cholera; or at any rate, there was purging and pain. Not a single emetic or cathartic, (with one or two exceptions,) or any cooling medicine, has been *intentionally* given, at the attack, by any physician. Hopkins's Cordial Elixir (a compound tincture of rhubarb), has been generally used to move the bowels, when absolutely needed. In one case, however, where there was a *quasi* croup, I tried the Russian emetic, of common salt, or hot brine; it operated both ways, and did no good or hurt. The patient got well, however. I believe the annals of medicine cannot produce another instance of such harmony of sentiment, both among physicians and the people, in a time of pestilence, as now exists in New London in regard to our malignant asthenia."

The writer takes it for granted, as is the fact, that his friend is fully acquainted with the disease, and therefore does not state symptoms, only he remarks that they coincide very precisely with those described by Dr. North, in the epidemic that prevailed in the county of Litchfield, which forms the principal subject of the treatise published by that gentleman, at New York, in 1811.

The frankness with which a malignant disease is acknowledged, in the Gazette, to exist in New London, affords a happy and striking contrast to the system of concealment and mystery, which too often characterizes the conduct of the inhabitants of many cities, while a severe epidemic is prevailing; and the unanimity of the physicians, as well as the general deportment of the citizens, under this afflicting visitation, is truly laudable.

It is particularly desirable that all practical information respecting this disease, should be brought before the profession in strong relief at the present time. We gain not a new fact respecting cholera—we take not a new retrospect of its history, that does not add confirmation to the opinion already expressed, of its analogy to the spotted fever of New England: every step in our investigation, strengthens the belief that the same bold course of treatment which has controlled the latter, would exert a power scarcely less remarkable over the former. Let us then familiarize ourselves with all past experience respecting the one, that we may be the better prepared to meet and master the other. Without prejudice, and

without partiality, we have attentively watched all that has transpired in other countries respecting the treatment of the cholera—the apathy of one nation, the unsettling panic of another ; the perseverance of one in modes of treatment that arrest no symptom of the disease, and the extravagance of another in wild and unpromising experiments with new remedies and modes of management, based on new and various views of its pathology ; but nothing has yet come to our knowledge that seems so rational in principle, or so promising in practice, as the treatment we recommend to the notice and the knowledge of the Faculty. The means of such knowledge are ample, and particularly rich in the accounts of spotted fever by Drs. North, Miner, and Page, that have been already referred to in this and previous numbers.

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#### ACTION OF COLD ON THE SYSTEM.

THE effect of cold, as a morbid agent, however exposed to daily observation, is still involved in considerable obscurity. It is matter of daily remark that diseases occur after the exposure of the body to this agent, which it is difficult to believe would have taken place had the exposure been prevented. The circumstances which render cold deleterious must be referred partly to the mode of its application, and partly to the state of the system. Of the latter we may hold it certain, that the body is more susceptible of cold when it has long been confined to a regulated atmosphere ; that debility from disease increases the susceptibility, though this is liable to some exceptions ; that cold is borne less well by children than by adults, in the night than in the day, when asleep than when awake. There is, also, independent of these circumstances, a remarkable difference in the susceptibility of different persons. With regard to the agent itself, the circumstances of most importance relate to the degree and the duration of the application of cold. A very intense cold, provided it does not produce freezing, will be better borne, as regards any subsequent effect, than a moderate cold of long continuance. The most severe instances of disease from the effects of cold, which we are called to observe, are those of persons exposed for many hours to a moderate cold without exercise, or with insufficient exercise. The danger is heightened by the presence of wind, and by the addition of fatigue to exposure. But independently of the difficulty of calculating the effect of this agent, arising out of the multiplicity of circumstances to be considered, we are nearly ignorant of the channel through which these effects are produced. Does cold act on the system through the lungs, or the skin, or by some channel independent of both these ? The tendency of cold to produce affections of the chest, would naturally suggest that the inspiration of an atmosphere at a very low temperature has an influence on the delicate organ employed in this function, and that pneumonia in some instances at least is directly produced in this manner.

The wonderful effect produced in our pulmonary complaints by change of climate, and by breathing constantly an atmosphere at an uniform temperature, cannot well be resolved entirely into effects produced on the skin or the general system, however salutary these effects, but must in part be owing to a more direct influence. It is not easy, in regard to the human race, to put this matter to the test of direct experiment; but we happen to have before us some results of experiments on animals, made by the distinguished physiologist mentioned in our last number, to which, though by no means conclusive in their application to our own species, we will now allude, though a detailed account of them is contained in a former volume of this Journal.

The observation was made by M. Flourens, that a young bird exposed to intense and continued cold, will almost certainly be seized with a severe affection of the chest; that he becomes motionless, breathes with difficulty, refuses food, and dies at the end of some hours of acute pneumonia. In this case, on examination of the organs, the lungs appear of a deep red color, and gorged with blood.

If, on the contrary, the cold increases but slowly and acts at intervals, the bird is seized with chronic pulmonary inflammation; and in this case the lungs, red and gorged with blood at some points, are found at others in a state of suppuration.

The comparison of these different effects, seemed to suggest a means of investigating the causes of one of the severest diseases to which humanity is subject, namely, phthisis pulmonalis. The object was to determine, 1. If in certain given circumstances, cold alone suffices to produce this malady. 2. If in the same circumstances, it is sufficient to avoid cold, in order to avoid the disease. 3. If the disease, having commenced under the influence of cold, can be cured by the sole agency of a warm atmosphere.

In this view, having taken several chickens of the same brood, he placed a certain number in a spot constantly maintained at a mild temperature: not one of this number was seized with pulmonary phthisis.

A second portion was left exposed to all the variations of temperature of the atmosphere; almost all these died of phthisis, after having gone through all the gradations incident to this disorder.

Finally, a third part having been exposed, like the last, to all the changes of the atmosphere, and having shown like them symptoms of phthisis, were transferred to a mild and uniform temperature. Most of these recovered their strength by degrees, and after a few months were entirely cured.

The next point was to compare the lungs of the fowls which had recovered, with those of the part which had been destroyed by phthisis. In the last, the larynx, trachea and bronchiæ, were full of a purulent matter of dirty grey color and fetid odor, studded with an infinity of black specks; the tissue of the lung was gorged with blood, softened and almost putrid.

Many of its cells were found full of pus ; others presented black points, like those with which the purulent matter was marked, and at many of these points was found a small, hard, crepitating body of white color, and of horny or osseous consistence. In the chickens which had recovered, portions of the lungs presented vesicles sunk and depressed, where were still seen traces of the black points they had contained, during the continuance of the disease.

These experiments, then, go to prove, 1. That it is not only on the organization as a whole that cold acts, but that it exerts a specific action on the texture of the lungs. 2. That it acts on this tissue in two modes ; in one producing acute pneumonia, in the other a chronic inflammation, which is phthisis pulmonalis. 3. That a moderate and constant warmth prevents the invasion of phthisis, and even when this disease has already commenced, is capable of arresting its progress.

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#### A STEEL FORK EXTRACTED FROM THE BACK.

DR. BURNS, of the British navy, has published a remarkable and almost incredible history. The patient complained of slight pain, and soreness, and tumor between the scapula and the spine, but close to the base of the former. Supposing it to be a boil, it was treated with poultices several days and opened. In the abscess a small steel rod was felt by the probe, but it could not be extracted by the forceps. The poultices were often repeated, and the steel moveable in most directions ; but, on attempting to extract it, it still offered great resistance. By means of the knife, it was at length extracted. "The foreign body," says the reporter, "having become very little loosened, and now causing more pain on being moved, I made a deep incision of about three inches in length over its course upwards, using it as a director, when it was easily extracted, and found to be a common kitchen fork, broken off close to its handle, and with one of its *two* prongs wanting about an inch of its point ; it was blackened, and in some degree rusted. It seemed to have been retained by a bridle of muscular fibres embracing its shoulders, for it was immediately liberated when this part was divided by the knife."

This patient was about 23 years of age. He had no recollection of ever having been injured in the back, and, as well as his parents and surgeons, was wholly unable to imagine how or when the fork gained admission within his cutaneous envelop.

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#### NEW METHOD OF DETECTING OPIUM.

A CHEMIST in England has discovered a new method of detecting opium, which promises to be of avail in legal medicine. It is the best, so far as we can judge without actual experiment, which has yet been proposed, and should an opportunity offer to put it to the test, we shall be happy to



record the result. The method is this :—To the solution suspected to contain opium or meconic acid, add a few drops of a solution of the muriate of gold. If meconic acid alone exists, it will be indicated by the formation of a black, inky precipitate ; but if there be narcotine present, or morphine in combination with the meconic acid, as there is in opium, then, on adding the solution of gold, a fawn-colored precipitate will be produced, which by the subsequent addition of a few drops of caustic potass, will gradually deepen in color, until it becomes very nearly black. Twenty drops of laudanum (which contain about two thirds of a grain of opium) have been discovered, when diluted with a pint of water, by the above described method of detection.

*Analysis of the Sulphur Spring at Nashville.*—The water of this spring was first analyzed by the late Professor Bowen. It has since been examined by other chemists, and is found to contain the following ingredients.

Gases : 1. *Carbonic Acid*. 2. *Sulphuretted Hydrogen*.—Solid ingredients : 1. *Muriate of Soda* (abundant). 2. *Muriate of Magnesia*. 3. *Muriate of Lime*. 4. *Carbonate of Lime*. 5. *Sulphate of Lime*. 6. *Sulphate of Magnesia*. In composition it corresponds very closely with the famous Harrowgate springs of England, the most abundant substance in which is muriate of soda.

The use of this water has been beneficial in dyspepsia, liver complaints, and other chronic visceral diseases.—*Trans. Journ. of Med.*

*Epilepsy Cured by Foxglove.*—Some cases are related in the *Lancet*, in which epilepsy was cured by the use of digitalis in infusion.

*Rival to the "Alkaline Drops" of Dr. Granville.*—The *Exeter News-Letter* states, that it is a remarkable fact that not an individual in Europe has been attacked by cholera, who has been in the habit of subscribing and paying for a newspaper !

*Subscribers to this Journal* are requested to forward us accounts, from time to time, of such epidemic or other diseases as may come under their notice. We shall also be happy to insert communications from them on any other subjects interesting to the medical practitioner. Several subscribers are in the habit, when they forward the pay for the *Journal*, of filling the envelop with such medical intelligence, and we should be pleased if the plan were more generally adopted. Contributors are entitled to six copies of the numbers containing their communications.

Whole number of deaths in Boston for the week ending May 4, 27. Males, 10—Females, 17.

Scarlet fever, 6—disorder of the brain, 1—consumption, 4—measles, 4—inflammatory fever, 1—intemperance, 1—throat distemper, 2—lung fever, 1—inflammation on the lungs, 2—dropsy on the brain, 3—dyspepsia, 1—inflammation on the spine, 1.

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